

***United States Court of Appeals
for the Second Circuit***



APPENDIX

U. S. DEPARTMENT OF LABOR
Bureau of Employees' Compensation

Form CA-102b, EMPLOYEE'S NOTICE OF COMPENSATION PAYMENT
Form appd. by Comp. Gen., U.S., January 11, 1961

CASE NO.	PAYEE (EMPLOYEE) AND ADDRESS	EMPLOYER	DATE OF INJURY	PERIOD PAID TO		TOTAL DAYS	RATE OF PAY	RATE OF COMP	AMOUNT OF CHECK	
				FROM	TO					
A-82633	LOUIS T. LISA 111 ECHAMBEAU AVE. BRONX, N. Y.	P.O. MURKIN, N.Y.	11/7/63	1/1/64	1/1/64	1	16.80	2/3	134	40

U. S. DEPARTMENT OF LABOR
Bureau of Employees' Compensation

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CASE NO.	PAYEE (EMPLOYEE) AND ADDRESS	EMPLOYER	DATE OF INJURY	PERIOD PAID TO		TOTAL DAYS	RATE OF PAY	RATE OF COMP	AMOUNT OF CHECK	
				FROM	TO					
A2-82633	LOUIS T. LISA 111 ECHAMBEAU AVE. BRONX, N. Y.	P.O. MURKIN, N.Y.	11/7/63	1/1/64	1/1/64	4	16.80	2/3	56	00
				1/25/64	1/25/64	1				
						5				

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Bureau of Employees' Compensation

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Form appd. by Comp. Gen., U.S., January 11, 1961

CASE NO.	PAYEE (EMPLOYEE) AND ADDRESS	EMPLOYER	DATE OF INJURY	PERIOD PAID TO		TOTAL DAYS	RATE OF PAY	RATE OF COMP	AMOUNT OF CHECK	
				FROM	TO					
A2-104986	LOUIS T. LISA 3181 ECHAMBEAU AVE. BRONX, N. Y. 10467	P.O. MURKIN, N.Y.	12/11/63	3/8/64	3/10/64	2	16.80	2/3	89	60
				3/24/64	3/31/64	6				
						8				

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Bureau of Employees' Compensation

Form CA-102b, EMPLOYEE'S NOTICE OF COMPENSATION PAYMENT
Form appd. by Comp. Gen., U.S., January 11, 1961

CASE NO.	PAYEE (EMPLOYEE) AND ADDRESS	EMPLOYER	DATE OF INJURY	PERIOD PAID TO		TOTAL DAYS	RATE OF PAY	RATE OF COMP	AMOUNT OF CHECK	
				FROM	TO					
A2-104986	LOUIS T. LISA 3181 ECHAMBEAU AVE. BRONX, N. Y.	P.O. MURKIN, N.Y.	12/11/63	3/11/64	3/23/64	9	16.80	2/3	100	80

U. S. DEPARTMENT OF LABOR
Bureau of Employees' Compensation

Form CA-102b, EMPLOYEE'S NOTICE OF COMPENSATION PAYMENT
Form appd. by Comp. Gen., U.S., January 11, 1961

CASE NO.	PAYEE (EMPLOYEE) AND ADDRESS	EMPLOYER	DATE OF INJURY	PERIOD PAID TO		TOTAL DAYS	RATE OF PAY	RATE OF COMP	AMOUNT OF CHECK	
				FROM	TO					
A2-104986	LOUIS T. LISA 3181 ECHAMBEAU AVE. BRONX, N. Y. 10467	P.O. MURKIN, N.Y.	12/11/63	4/1/64	4/13/64	9	16.80	2/3	100	80

REMARKS: 8

Comp. due \$ _____
Less emp. sub. chg. \$ _____ Period _____
Agency contrib. \$ _____ H. B. Code # _____

PLEASE SEE NOTE ON BACK

UNITED STATES DEPARTMENT OF LABOR
BUREAU OF EMPLOYEES' COMPENSATION
SECOND COMPENSATION DISTRICT
221 WEST FORTY-FOURTH STREET
NEW YORK 36, N. Y.

June 17, 1965

REFER TO FILE NO.

File No: A2-104986

Date of injury: 12/11/63

✓
Mr. Louis Teplitsky
3181 Rochambeau Avenue
Bronx, N. Y. 10467

Health Benefits Deductions	
Comp. payment (each four wks.)	First check
\$	\$

Earning capacity: \$ 60.00 as Waiter, Bar

The evidence in your case shows that you are only partially disabled for work because of your injury. This means that your compensation benefits must now be based on the difference between your present earning capacity and your pay rate at the time of injury. This earning capacity is shown above and takes into consideration your disability, training, experience, age and the availability of such work in the area where you live. Compensation will be paid to you beginning on the date shown, as follows:

(1) <u>Weekly loss in earning capacity</u>	(2) <u>Beginning date</u>	(3) <u>New compensation payment</u>	(4) <u>1st check at new rate Amount Through</u>
\$16.96	November 10, 1964	\$45.24	\$342.53 June 9, 1965

Your weekly loss in earning capacity as shown in item (1) above is the difference between your present earning capacity and your pay rate at the time of injury. The first check under the new rate will be mailed to you by the Treasury Department in about 15 days after the date shown in item (4) above. Thereafter, your checks in the regular amount shown under item (3) will be mailed to you at the end of each four weeks. If applicable, we have reduced the amount of your first check and your compensation payment, as indicated above, to enable you to retain your health benefits coverage.

If you have no dependents of the class specified in the law, your compensation rate is two-thirds of your loss in earning capacity. If you have dependent(s), the compensation rate is three-fourths.

PLEASE READ THE INSTRUCTIONS AND INFORMATION ON THE BACK OF THIS LETTER CAREFULLY. It explains the basis of your wage-earning capacity and your responsibility for maintaining and seeking employment suitable to your condition. Failure to follow these instructions may affect your entitlement to compensation.

Very truly yours,

Samuel Friedman
Chief, Branch of Claims

CC:

~~Postmaster~~ Superintendent
U. S. Post Office
Morgag Station
New York 1, N. Y.

UNITED STATES DEPARTMENT OF LABOR
BUREAU OF EMPLOYEES' COMPENSATION
211 WEST FORTY-FOURTH STREET
NEW YORK, N.Y. 10036

October 19, 1965

REFER TO FILE NO.
A2-104986
Inj: 12/11/63

Mr. Louis Teplitzky
3181 Rochambeau Avenue
Bronx, N. Y. 10467

Dear Mr. Teplitzky:

Medical evidence presently on file shows you were partially disabled for work from April 14, 1964 to Sept. 8, 1964, inclusive.

Within ten days you should receive a check in the amount of \$239.13. This covers compensation for loss of earning capacity due to your injury for the period April 14, 1964 through Sept. 8, 1964, inclusive.

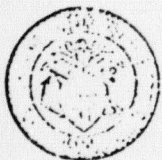
Please complete and submit the enclosed form CA-8 for this period, for completion of record.

Sincerely yours,

Emanuel Friedman

Emanuel Friedman
Chief, Branch of Claims

Enclosure



VETERANS ADMINISTRATION
REGIONAL OFFICE
252 SEVENTH AVENUE
NEW YORK, NEW YORK 10001

September 6, 1967

YOUR FILE REFERENCE:

IN REPLY REFER TO: 306-242D
C# 4 216 835

Mr. Louis Teplitzky
3181 Rochambeau Avenue
Bronx, New York 10467

Dear Mr. Teplitzky:

Check #91,750,697 dated December 20, 1966 in the amount of \$912.00 which was returned by you to this office was forwarded to the Treasury Department, 341 Ninth Avenue, New York, N.Y. on March 1, 1967.

Since this check was authorized by the Department of Labor, any further inquiries must be addressed to that office.

Sincerely yours,

E. Braverman
BRUCEVINGA

Acting Chief, Finance & Data
Processing Division

PURGERY - FALSEHOOD AND FRAUD

BUREAU OF EMPLOYEES' COMPENSATION

31 WEST FORTY-FOURTH STREET
NEW YORK, N.Y. 10036

October 19, 1965

Medical evidence presently on file shows you were partially disabled for work from April 14, 1964 to Sept. 8, 1964, inclusive.

Within ten days you should receive a check in the amount of \$239.13. This covers compensation for loss of earning capacity due to your injury for the period April 14, 1964 through Sept. 8, 1964, inclusive.

Please complete and submit the enclosed form CA-8 for this period, for completion of record.

Emanuel Friedman
Chief, Branch of Claims

UNITED STATES DEPARTMENT OF LABOR

Dear Senator Javits:

I have reference to your inquiry of December 7, 1960, and enclosures returned, concerning your interest in the compensation case of Mr. Louis Toplitzky.

Mr. Toplitzky had an injury to his left groin on December 11, 1963, while working at the New York, New York, Post Office. His claim was approved, and he was paid compensation on the basis of total disability covering all injury related wage loss through November 9, 1964. Commencing November 10, 1964, he was paid on the basis of partial loss of wage earning capacity at the rate of \$45.24 each four weeks through November 23, 1966.

7. Plaintiff has not held any job or done any regular and steady work since March 8, 1964.

8. Plaintiff received total disability benefits for inguinal strain for the period March 8, 1964 through November 9, 1964. The benefits were paid by the Bureau of Employees Compensation under the Federal Employees Compensation Act. Effective November 10, 1964, the Bureau of Employees' Compensation reduced the plaintiff's disability rating from total to partial.

The Bureau of Employees' Compensation (B.E.C.) determined tinued.

after physical examination by the Public Health Service that this was a job-related physical injury and paid plaintiff total physical disability benefits from March 1964 until November 1964. In November 1964, the benefits were reduced from total to partial and paid on this basis until June 1965, at which time they were discon-

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

67 Civ. 1019

MacMAHON, District Judge.

John D. McEllan, Jr.
Deputy Commissioner

DECEMBER 21, 1966

ROBERT M. MORGENTHAU

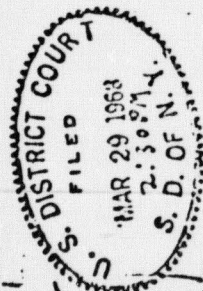
United States Attorney

LOUISE E. GRECO

Attorney in Charge, New York Office
Admiralty & Shipping Section

Department of Justice
Attorneys for United States of America

26 Federal Plaza, Suite 4033
New York, N.Y. 10007



MAR 29, 1968

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF NEW YORK

LOUIS TEPLITSKY

Plaintiff

v.

BUREAU OF COMPENSATION
U. S. DEPARTMENT OF LABOR

and

UNITED STATES OF AMERICA

Defendants

STATE OF NEW YORK)
COUNTY OF NEW YORK) ss

DECEMBER-13, 1967

67 CIVIL 1019

AFFIDAVIT IN SUPPORT OF
THE DEFENDANTS' MOTION

JOHN D. McLELLAN, JR., being duly sworn, deposes and
says:

1. I am the Deputy Commissioner in Charge, New York
Region, Bureau of Employees' Compensation, U. S. Department of
Labor. My offices are at 321 West 44th Street, New York, N. Y.
10036.

15. On June 17, 1965, BEC advised Mr. Teplitsky that his skills,
experience and then physical condition qualified him for work as a
bar waiter (which is considered light work) with an earning capacity
of \$60.00 per week. That amount was found to be \$16.96 less than his
pay rate at the time of the injury, (and partial disability benefits
were awarded accordingly from November 10, 1964, the day "after" the end
of total disability, through June 9, 1965. [Exhibit 3]

John D. McLellan Jr
JOHN D. McLELLAN, JR.
DEPUTY COMMISSIONER

December 13, 1967
DATE

Sworn to before me by John D. McLellan, Jr.,

this 13 day of December 1967.

Morris Langholz

MCLELLAN, JR.
Notary Public, Southern District of New York
No. 41-2253206, Southern District
Cert. filed in New York County
Term Expires March 30, 1969

